Name in Full: Clara S Adams

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Rockville — County: Montg

Date of death 1904 — Month: 4 — Day: 9 — Years: Age 15 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: none — Where Residing if not at place of death: x

Married, Single or Widowed: Single — Name of Wife or Husband: x

Father's Name: Chas adams — Father's Birthplace: Md

Mother's Maiden Name: x — Mother's Birthplace: x

Name of person giving Imformation: Chas adams — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 6 mo

Immediate: Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: O. M. Linthicum

Address: Rockville Md

Accident or Suicide?

LIBRARY BUREAU A80316

Name in Full: Mary Ellen Bailey

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Dawsonville / County: Twenty

Date of death: 1904 Month: 4? Day: 25 Age: Years: Months: 6 Days: 7

Sex: Female Color or Race: Negro Birthplace: Dawsonville

Occupation: — Where Residing if not at place of death:

Married, Single or Widowed? Name of Wife or Husband:

Father's Name: Basil Bailey Father's Birthplace: Rockville

Mother's Maiden Name: Ida Harper Mother's Birthplace: "

Name of person giving Imformation: Physician How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Colitis - Indra complicating Pneumonia. How long: 3 wks.

Immediate: Coma. How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: U. D. Towne M.D.

Address: Dawsonville Md.

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full — Certificate of Death

Katherine A. Best

Town — County

Died at Damestown Montg. MARYLAND

Date 1904 Month 4 Day | Age Y. 58 M. 4 D. 8 | Native of Maryland | Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | ~~Number of children living~~

Husband ~~Wife~~ of John J. Best

Father's Name William Carlisle | Mother's Name Miss Rabbitt

Cause of Death — Primary: Miliary Tuberculosis — How long sick 8 months

Immediate: Lobar Pneumonia with Grippe — ~~Accident~~, ~~Suicide~~, Homicide

Reported by C. H. Towse M. D.

Address Damestown Montg. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full: Kayoll Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Sandy Springs — Town — County: Monty

Date of death 190X — Month: April — Day: 26 — Years: Age 1 — Months: 5 — Days:

Sex: Female — Color or Race: Whit — Birthplace: Sandy Springs

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

Father's Name: Charles Brown — Father's Birthplace: Ashton Md

Mother's Maiden Name: Alice Disney — Mother's Birthplace: Howard Co Md

Name of person giving Information: Frank Lizzie — How related to deceased: Neighbor

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: abses of Brain — How long: 10 days

Immediate: Convulsion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. H. Burton

Address: Spencerville Md

Accident or Suicide?

LIBRARY BUREAU A8S516

Name in Full

Certificate of Death

Laura V. Burdett

Died at Kingsley (Town) County. MARYLAND

Date 1904 Month April Day 15th Age Y. 44 M. 6 D. 3 Native of Maryland Occupation Housewife

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 10

~~Husband of~~ Wife of Richard J. Burdett

Father's Name Luther Watkins Mother's Name

Cause of Death: Primary Uremia Carcinoma

Immediate Heart failure

How long sick 18 mos.

~~Accident, Suicide, Homicide~~

Reported by J. E. Dees

Address Oldenburg Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Nathan E. Bundelt

Died at Hyattstown Town, Mont. County, MARYLAND

Date 1894 April 4 | Age Y. 78 M. D. | Native of Maryland | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

~~Wife~~ Husband of Mrs Running

Father's Name

Mother's Name

Cause of Death: Primary Angina Pectoris

Immediate Heart failure

How long sick Suddenly

~~Accident, Suicide, Homicide~~

Reported by J. Edelen

Address Clarksburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65908

Name in Full Alexander Butler (Cld)

Certificate of Death

Died at Town Darnestown County Montg. Co. MARYLAND

Date 1904 Month 4, Day 23, Age Y. 69. M. — D. —

Native of Va. Occupation Laborer —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of X —

Father's Name Unknown - Slave

Mother's Name —

Cause of Death: Primary Pulmonary Tuberculosis How long sick 10. days.

Immediate Grippe with Lobar Pneumonia Accident, Suicide, Homicide

Reported by Chas. H. Nourse M.D.

Address Darnestown Montg. Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55068

Name in Full: Jane Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Rockville; County: Montgomery

Date of death 1904: Month: 4; Day: 9

Age: Years: 54; Months: —; Days: —

Sex: Female; Color or Race: Mulatto; Birthplace: Maryland

Married, Single or Widowed: Widowed; Occupation: Washerwoman

Name of Wife or Husband: Thomas Davis

Father's Name: Don't Know; Father's Birthplace: —

Mother's Maiden Name: Don't Know; Mother's Birthplace: —

Name of person giving Information: Victorine Williams; How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

36.

CAUSES OF DEATH

Primary: Syphilis; How long: Four years

Immediate: Cerebral hemorrhage; How long: Nine days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Edward Anderson

Address: Rockville

Accident or Suicide?

LIBRARY BUREAU A88516

Dr. Edward Anderson

Rockville

Md

Name in Full: James H Dodgson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Edwards Ferry — County: Montgomery

Date of death: Month: April — Day: 13 — Year: 1904 — Age: 32 Years — Months — Days

Sex: Male — Color or Race: White — Birth place: —

Occupation: Farmer — Where Residing if not at place of death: —

Married, ~~Single~~ or Widowed — Name of Wife or Husband: Maggie E Dodson

Father's Name: — — Father's Birthplace: Washington Co

Mother's Maiden Name: — — Mother's Birthplace: West Va

Name of person giving Imformation: Jas B Mathews — How related to deceased: not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cerebro-Spinal Meningistis — How long: One week

Immediate: — — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Wittard

Address: Lucketts Va

~~Accident or Suicide?~~

LIBRARY BUREAU A9951G

Name in Full

Certificate of Death

James Andrew Dorsey

Died at Town: Porterville County: Montgomery MARYLAND

Date 1904 Month: April Day: 11 | Age Y. 10 M. 6 D. 17 | Native of Md | Occupation None

Male / ~~Female~~ | ~~White~~ / Colored | ~~Married~~ / Single | Widow / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband of
Wife

Father's Name Frank Dorsey | Mother's Maiden Name Mary Johnson

Cause of Death: Primary Grippe

Immediate Inflamation of Brain

How long sick 10 days

~~Accident, Suicide, Homicide~~

Reported by B.W. Walling M.D

Address Porterville. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Edwin S. Eyler

Certificate of Death

Died at Town: Frost Glen County: Montgomery MARYLAND

Date 1904 Month: April Day: 11 Age Y. 37 M. D. Native of D. C. Occupation Draughtsman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living Two

Husband / Wife of Alice Hendricks Eyler

Father's Name

Mother's Name

Cause of Death — Primary: Pernicious Anemia How long sick Six years

Immediate: Heart failure ~~Violence, Suicide, Homicide~~

Reported by G. H. Meister M.D.

Address Frost Glen Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Caroline M Farquhar

Died at Town: Rockville County: Montgomery MARYLAND

Date 1904 Month: 4 Day: 11 | Age Y. 61 M. 8 D. 5 | Native of Va | Occupation wife of R B F

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 7

~~Husband~~ Wife of Roger B. Farquhar

Father's Name Robert H. Miller | Mother's Name Ann Jane Miller

Cause of Death: Primary Pneumonia | How long sick 7 days

Immediate Heart failure | Accident, Suicide, Homicide

Reported by Roger Brooke

Address Sandy Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 7970R

Name in Full: Edmund Earnest Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Potomac; County: Montg

Date of death 190 4: Month: Apr; Day: 10; Years: 62; Months: +; Days: +

Sex: Male; Color or Race: White; Birthplace: Montg Co Md

Occupation: X; Where Residing if not at place of death: X

Married, Single or Widowed: Married; Name of Wife or Husband: Mary E Fisher

Father's Name: Saml M. Fisher; Father's Birthplace: Md.

Mother's Maiden Name: Louisa Benton; Mother's Birthplace:

Name of person giving Imformation: Mary E. Fisher; How related to deceased: Wife.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Brights Disease; How long: 3 years.

Immediate: Acute Indigestion; How long: 2 hours.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: N. D. Pratt. MD.

Address: Potomac Md.

Accident or Suicide? X

LIBRARY BUREAU A8901S

Name in Full: Mary V Frazier

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Goshen — County: Montgomery

Date of death 190 4 — Month: Apr — Day: 14 — Age: Years: 33 — Months: 8 — Days: 24

Sex: Female — Color or Race: Colored — Birthplace: Montgomery Co

Married, Single or Widowed: Married — Occupation: Housewife

Name of ~~Wife~~ or Husband: William Frazier

Father's Name: William Digney — Father's Birthplace: Montgomery Co

Mother's Maiden Name: Mary Ross — Mother's Birthplace: Montgomery Co

Name of person giving In formation: William Frazier — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pulmonary Tuberculosis — How long: 2 1/2 months

Immediate: General Exhaustion — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Dyson

Address: Laytonsville Md

Accident or Suicide?

LIBRARY BUREAU A68810

Name in Full: Nauro

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rockville — County: Montgom

Date of death 190 — Month: 4 — Day: 24 — Years: — Months: 1 — Days:

Age

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: — — Name of Wife or Husband: —

Father's Name: Nancy Nauro — Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Burt — Mother's Birthplace: Md

Name of person giving information: Henry Nauro — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Exanition — 151 — How long: X

Immediate: Exhaustion — How long: X

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: D M Smithson

Address: Rockville Md

Accident or Suicide?

LIBRARY BUREAU A80516

Name in Full

Certificate of Death

Victor Hickman

Died at Town: Shidell County: Montgomery MARYLAND

Date 1904 Month: April Day: 13 | Age Y. 4 M. D. | Native of: Maryland | Occupation: Infant

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband ~~Wife~~ of

Father's Name: M. E. Hickman

Mother's Name: Sarah Ewing

Cause of Death: Primary: Cholera Infantum

Immediate: "

"

How long sick: 3 days

~~Accident, Suicide, Homicide~~

Reported by: L. E. Deel

Address: Clarksburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Andrew Isaac Jackson

Died at: Town: near Etchison; County: Montgomery

Date of death 1904: Month: April; Day: Saturday; Age: Years 68; Months 2; Days 17

Sex: Male; Color or Race: White; Birthplace: Howard Co Md

Occupation: Stonemason

Married, Single or Widowed: Married

Name of Wife: Mary E Jones

Father's Name: Alexander Jackson; Father's Birthplace: Howard Co

Mother's Maiden Name: Mahala Walker; Mother's Birthplace: Montgomery Co

Name of person giving Information: Wm H Jackson; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Lobar Pneumonia double followed by Pulmonary edema; How long: Six weeks

Immediate: Pulmonary edema; How long: Six days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Basil B Crawford

Address: Laytonsville Maryland

Accident or Suicide?

LIBRARY BUREAU A8891G

Name in Full: Hannah Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Seneca — County: Montg

Date of death: Month: 4 — Day: 29 — 1904

Age: Years: 53 — Months: — — Days: —

Sex: Female — Color or Race: Negro — Birthplace: Montg Co Md

Occupation: Day Laborer — Where Residing if not at place of death: —

Married / Widowed — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Imformation: — — How related to deceased: —

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sarcoma of Breast — How long: 10 yrs.

430

Immediate: Asthenia — How long: —

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: U. D. Touse M.D.

Address: Dawsonville Md

Accident or Suicide?

LIBRARY BUREAU A88818

Name in Full: Mariah Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Seneca — County: Monto

Date of death: Month: 1904 — Day: 29th — Years: 83. — Months: — — Days: —

Sex: Female — Color or Race: Negro — Birthplace: Seneca

Occupation: Laborer — Where Residing if not at place of death: —

Married, Single, Widowed: — — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: Patience Johnson — Mother's Birthplace: —

Name of person giving Information: — — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Sarcoma of heart — How long: 5 yrs

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. D. House M.D.

Address: Dawsonville Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full: Ellen Rose Middleton

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Garrett Park — County: Montgy

Date of death: 1904 — Month: April — Day: 13th

Age — Years: 84 — Months: 10 — Days: 9

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: None — Where Residing if not at place of death: Washington

Married, Single or Widowed: Widowed — Name of Wife or Husband: Erasmus J. Middleton

Father's Name: Richard Ross — Father's Birthplace: Ireland

Mother's Maiden Name: Elizbeth Ross — Mother's Birthplace: Va

Name of person giving In formation: Elizbeth Ross — How related to deceased: Niece

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 9 Days

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. L. Lewis

Address: Kensington

Accident or Suicide?

LIBRARY BUREAU A88618

Name in Full: Clark Murphy

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Silver Spring — County: Montg

Date of death 1904 — Month: apl — Day: 16 — Age — Years: 21 — Months: — — Days: —

Sex: Male — Color or Race: Negro — Birthplace: Md

Occupation: Lab. — Where Residing if not at place of death: Wheaton

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Moses Murphy — Father's Birthplace: Md.

Mother's Maiden Name: Mary Murphy — Mother's Birthplace: Md

Name of person giving Information: — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Gunshot Wound — How long:

Immediate: Hemorrhage — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. R. Merritt. Coroner

Address: Washington D.C.

Accident or Suicide? Copy.

LIBRARY BUREAU AB8616

Name in Full

Certificata of Death

John R. P. Peters

Died at Martinsburg (Town) Montgomery (County) MARYLAND

Date 1904 Month apr. Day 20 | Age Y. 2 M. 3 D. | Native of md | Occupation none

Male . ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name otho Peters

Mother's Maiden Name Hattie Linaham

Cause of Death — Primary Grippe

How long sick 2 weeks

Immediate Pneumonia

~~Accident, Suicide, Homicide~~

Reported by B. W. Walling

Address Poolesville. md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: John Spriggs Poole

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Poolesville; County: Montgomery

Date of death: Month: April; Day: 23; 1904; Age: Years: 42; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Poolesville Md

Occupation: Physician

Where Residing if not at place of death: Poolesville Md

Married, Single or ~~Widowed~~

Name of Wife or ~~Husband~~: Georgie Dearborn

Father's Name: Thomas Poole

Father's Birthplace: Poolesville

Mother's Maiden Name: Evelina W Hyde

Mother's Birthplace: Buck-Lodge Md

Name of person giving Imformation: Richard H Gott

How related to deceased: Brother in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 2 months

Immediate: Heart Failure — How long: Sudden

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Wootton & Gott

Address: Poolesville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A6818

Name in Full: Ethel Alma Prather

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) near Laytonsville (County) Montgomery

Date of death 1904	Month	Day	Age	Years	Months	Days
	Apr	4		5	3	

Sex: Female

Color or Race: Colored

Birthplace: Montgomery Co

Married, Single or Widowed: —

Occupation: —

TO BE ANSWERED BY NEAREST FRIEND

Name of Wife or Husband: —

Father's Name: Edward H Prather

Father's Birthplace: Montgomery Co

Mother's Maiden Name: Mary V Davis

Mother's Birthplace: Montgomery Co

Name of person giving information: Mary V Davis

How related to deceased: Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Bronchitis — How long: three weeks

Immediate: Uraemic Convulsions — How long: 6 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W H Dyson

Address: Laytonsville Mont Co

Accident or Suicide?

LIBRARY OF THE BUREAU

Name in Full: Alice Smith

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Silver Spring; County: Montgomery

Date of death 1904: Month: April; Day: 26

Age: Years: 76; Months: 0; Days: 0

Sex: Female

Color or Race: Colored

Birthplace: Md

Occupation: Housewife

Where Residing if not at place of death: d

Married, Single or Widowed: Married

Name of Wife or Husband: Albert Smith

Father's Name: Lewis Stephenson

Father's Birthplace: Md.

Mother's Maiden Name: Malinda Wilson

Mother's Birthplace: "

Name of person giving information: Charlie Smith

How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary

How long

Immediate: Apoplexy

How long: about one hr.

Are the name, age, sex, color, date and place correctly given above?: Yes

Signature of Physician: H. T. Brown

Address: Burnt Mills, Md

Accident or Suicide?

LIBRARY BUREAU

Name in Full

Certificate of Death

Amanda A. Souder

Died at Town: Norbeck County: Montgomery MARYLAND

Date 1904 Month: 4 Day: 29

Age Y. 78 M. 1 D. 5

Native of Howard Co

Occupation —

Male / ~~Female~~

White / ~~Colored~~

~~Married~~ / Single / Widow / ~~Widower~~ / Divorced

Number of children living 4

Husband / Wife of Thomas Souder

Father's Name Ed Coal

Mother's Name Rebecca Rowland

Cause of Death — Primary: Malignant Tumor of Liver — How long sick: 1 or 2 months

Immediate: Exhaustion

Accident, Suicide, Homicide

Reported by Roger Burke

Address Sandy Spring Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70706

Name in Full: Wm. Taylor

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Brookmont (Germantown) County: Montg

Date of death: Month: Apr. Day: 19 1904

Age: Years: 24 Months: — Days: —

Sex: Male

Color or Race: Negro.

Birthplace: Darnestown Md

Occupation: Day Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Fenton Taylor

Father's Birthplace: Dawsonville Md

Mother's Maiden Name: Charlotte Towson

Mother's Birthplace: Darnestown

Name of person giving Imformation: Physician

How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis — How long: 3 mo

Immediate: Asphyxia — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H D House M D.

Address: Dawsonville Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Eliza Ellen Thomas

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died near Town: Sandy Spring County: Montgomery

Date of death: Month: April Day: 13 1904

Age: Years — Months: One Days —

Sex: Female

Color or Race: Colored

Birthplace: Montg. Co. Md

Occupation: —

Where Residing if not at place of death: —

Married, Single or Widowed: Single

Name of Wife or Husband: — —

Father's Name: Wm. A. Henry Hopkins

Father's Birthplace: Montg. Co. Md.

Mother's ~~Maiden~~ Name: Susan Thomas

Mother's Birthplace: Washington D.C.

Name of person giving Information: William H. Thomas

How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Immediate: Pneumonia, Supposed as no Physician in attendance

How long: About week.

How long:

Are the name, age, sex, color, date and place correctly given above? As far as ascertained

Signature of Physician: Chas. Farquhar, M. D.

Address: Olney Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mary Tucker

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Rockville — County: Montgomery

Date of death 1904 — Month: 4 — Day: 12

Age — Years: 40 — Months: — Days: —

Sex: Female — Color or Race: Mulatto — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or Husband: Tucker

Father's Name: Don't Know — Father's Birthplace: Don't Know

Mother's Maiden Name: Don't Know — Mother's Birthplace: Don't Know

Name of person giving In formation: Martha Hall — How related to deceased: Not at all

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Alcoholism — How long: Twenty years

Immediate: Eclampsia — How long: Two hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Edward Anderson M.D.

Address: Rockville, Md.

Accident or Suicide?

LIBRARY MUSEAJ A88816

Name in Full: Edward Wallace

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sugar-Land | County: Montgomery

Date of death: Month: Apr 15 | Day: 15 | Years: 15 | Months: | Days:

Sex: Male | Color or Race: Negro | Birthplace: Ashburn Va

Occupation: — | Where Residing if not at place of death: Sugar Land Md

Married, Single or Widowed: | Name of Wife or Husband:

Father's Name: George Wallace | Father's Birthplace: Va

Mother's Maiden Name: Ellen Lee | Mother's Birthplace: Va

Name of person giving Imformation: Maurice Wallace | How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Consumption Lungs | How long: 6 months

Immediate: | How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: R. E. Scott

Address: Rockville

Accident or Suicide?

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Name in Full: Eliza Ann Wallace

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Guilford — County: Montgomery

Date of death 1904 — Month: Apr — Day: 17 — Years: Age 78 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Baltimore Md

Married, ~~Single~~ or Widowed: Widowed — Occupation: —

Name of Wife or Husband: Isaac Wallace

Father's Name: Frederick Snowden — Father's Birthplace: —

Mother's Maiden Name: Mary Snowden — Mother's Birthplace: —

Name of person giving Information: Charley I Wallace — How related to deceased: Grand Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Exudative Nephritis — How long: 4 or 5 yrs

Immediate: Convulsions from Uraemia — How long: 36 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W H Dyson

Address: Laytonsville

Accident or Suicide?

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